



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E267949**

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FROM TO
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INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

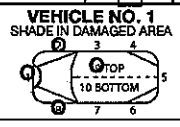
CASE #	13-02221
LOCAL AGENCY CODING	0664
TOTAL # OF UNITS	02
OBJECT STRUCK	GUARDRAIL

TRIBAL RESERVATION	
M M D D Y Y Y Y	09 05 2013
TIME (2400)	2200
COUNTY #	31
MILES	
N S E W	
IN OF	<input checked="" type="checkbox"/>
CITY #	0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
OAK ROAD	BLOCK NO.	
	MILE POST	
DISTANCE		OF (REFERENCE OR CROSS STREET)
	MILES	N E S W
	FEET	CALLOW RD

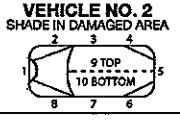
UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4253082217			
LAST NAME	BOWMAN	FIRST NAME	BRYCE	MIDDLE INITIAL	A		
STREET NEW ADDRESS	3216 DENSMORE RD						
CITY	MARYSVILLE	ST	WA	ZIP	98270		
CDL	RESTRICTIONS		ENDORSEMENTS				
DRIVER'S LICENSE #	BOWMABA04206	STATE	WA	SEX	M		
		D.O.B.	MMDDYYYY	09	26		
					1996		
ON DUTY	<input type="checkbox"/>	STATUS	AIRBAG	2	RESTR	4	
		EJECT	1	HELMET USE	2	INJURY CLASS	7
		NATURE OF INJURIES					
		SCRAPES AND CUTS FROM BLACKBERRY					
LICENSE PLATE #	539YSH	STATE	WA	VIN#	4S3BL626067203071		
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	

VEH. YEAR	2006	MAKE	SUBA	MODEL	LEGACY	STYLE	SD	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
REGISTERED OWNER INFO. JENINE ALLISON 3216 DENSMORE RD MARYSVILLE WA 98270 D: 4253082217											
LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	LIBERTY MUTUAL A022688068634033								
VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #		CHARGE							



UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input checked="" type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	
LAST NAME	CITY OF LAKE STEVENS	FIRST NAME		MIDDLE INITIAL			
STREET NEW ADDRESS	1812 MAIN ST						
CITY	LAKE STEVENS	ST	WA	ZIP	98258		
CDL	RESTRICTIONS		ENDORSEMENTS				
DRIVER'S LICENSE #		STATE		SEX	U	D.O.B.	MMDDYYYY
ON DUTY	<input type="checkbox"/>	STATUS	AIRBAG	RESTR	EJECT	HELMET USE	INJURY CLASS
LICENSE PLATE #		STATE		VIN#			
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	

VEH. YEAR		MAKE		MODEL		STYLE		VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
REGISTERED OWNER INFO.											
LIABILITY INSURANCE IN EFFECT	<input type="checkbox"/>	INSURANCE CO & POLICY #									
VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #		CHARGE							



OFFICER'S NAME (PRINT)	ROBERT MINER	BADGE OR ID #	095	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E267949**

CASE # **13-02221**

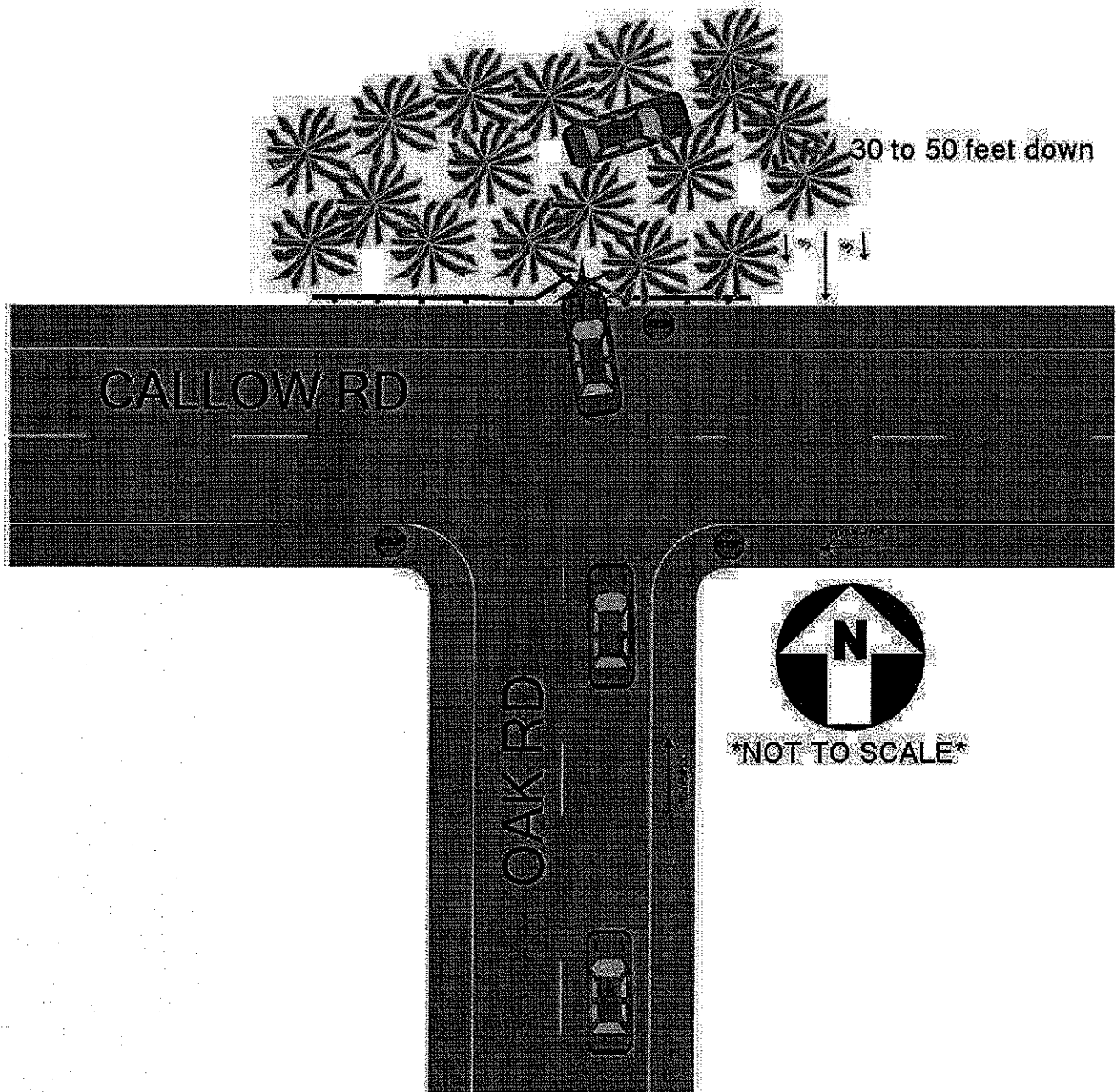
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)													
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-	-
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES				
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-	-
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES				
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-	-
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES				

NARRATIVE

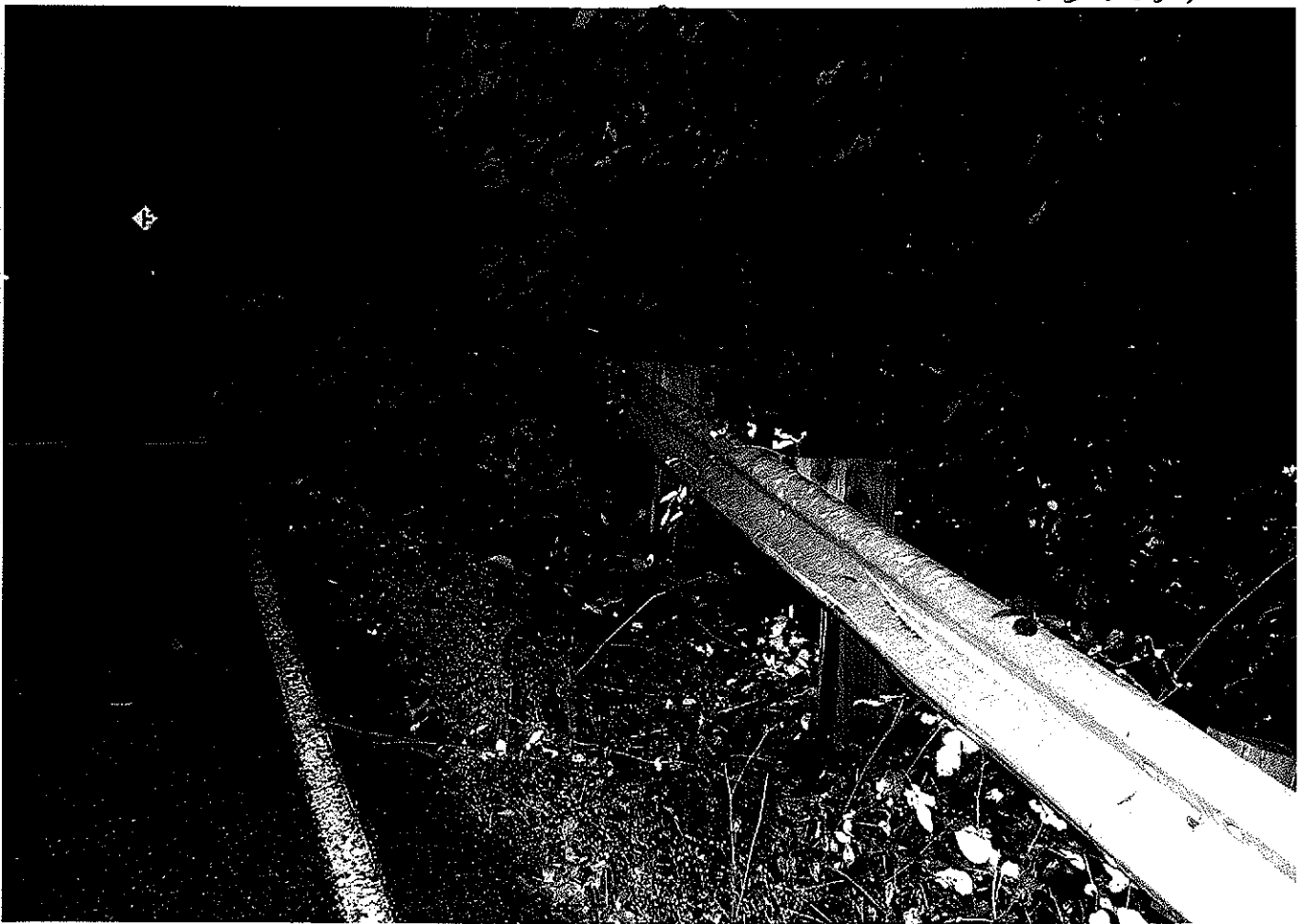
This is a late report collision. Driver of unit #1's mother, registered owner, called at 2240 hours. Stating that her son was in this collision. Stated that after the collision, driver of #1 climbed up the hill and called her. She came to the scene and picked up her son. She then drove him home and called the police from the residence. I spoke with Driver #1 who told me he had just left the high school after doing a project. As he was coming down Oak Rd, he attempted to stop at the 3 way stop intersection. He said his vehicle began to slide on the wet road. He tried to turn the car, but it would not. He said he slid through the stop sign, hit the guardrail, went underneath it, and down the embankment where the car came to rest about 30 feet down. I informed Driver #1 that he needs to remain at the scene of a collision and call the police. This was also told to his mother. Mother stated they would come by in the morning with a tow truck to pick up the car. It should be noted that there was heavy rain at around the same time as the collision.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

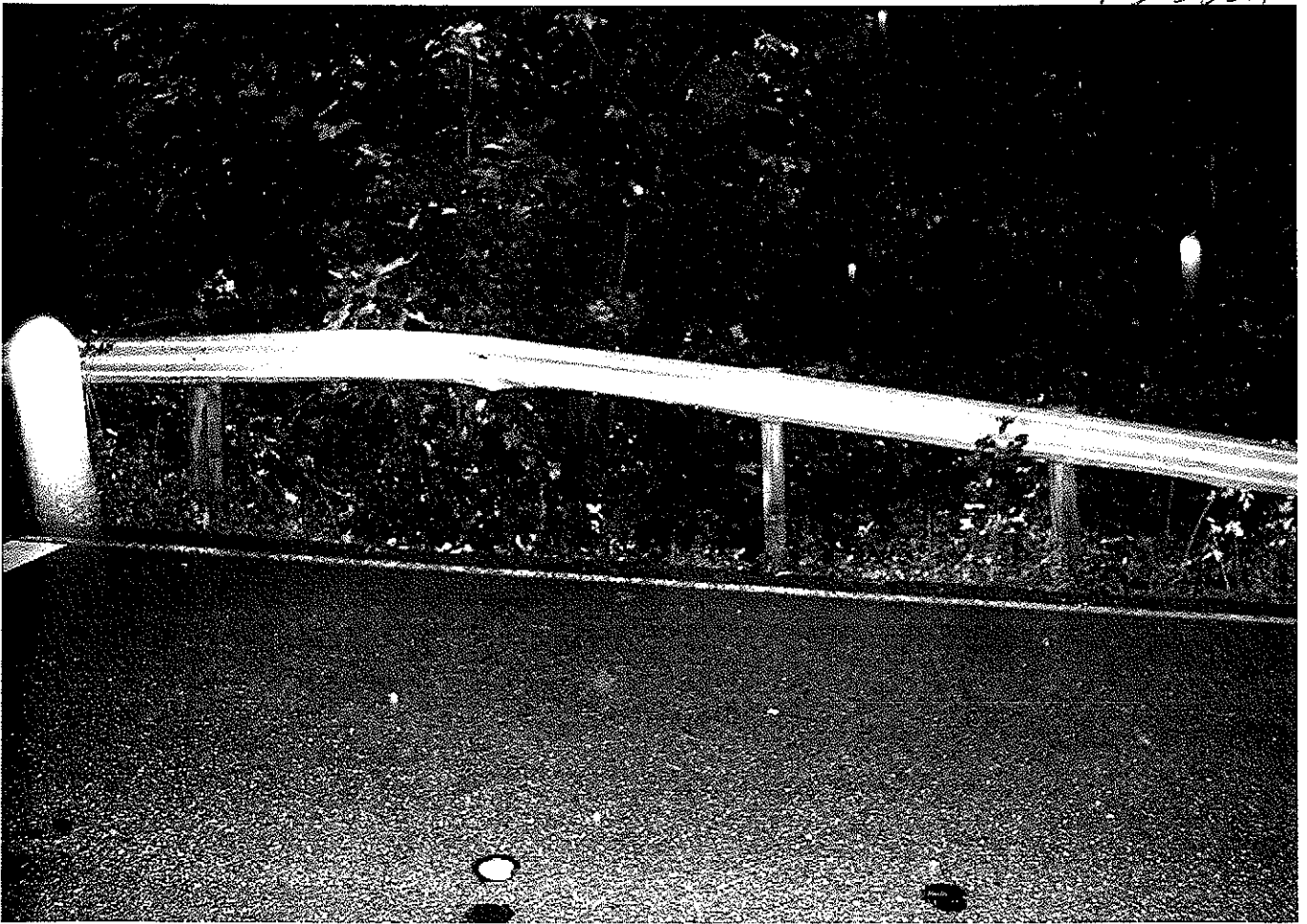
ROBERT MINER		09-06-13 03:05 AM	
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	PLACE SIGNED
APPROVED BY		DATE	
ROBERT MINER 095		9/6/2013 3:06:35 AM	
BADGE OR ID # 095	ORI # WA0311900	TIME POLICE DISPATCHED 10:40 PM	TIME POLICE ARRIVED 11:22 PM



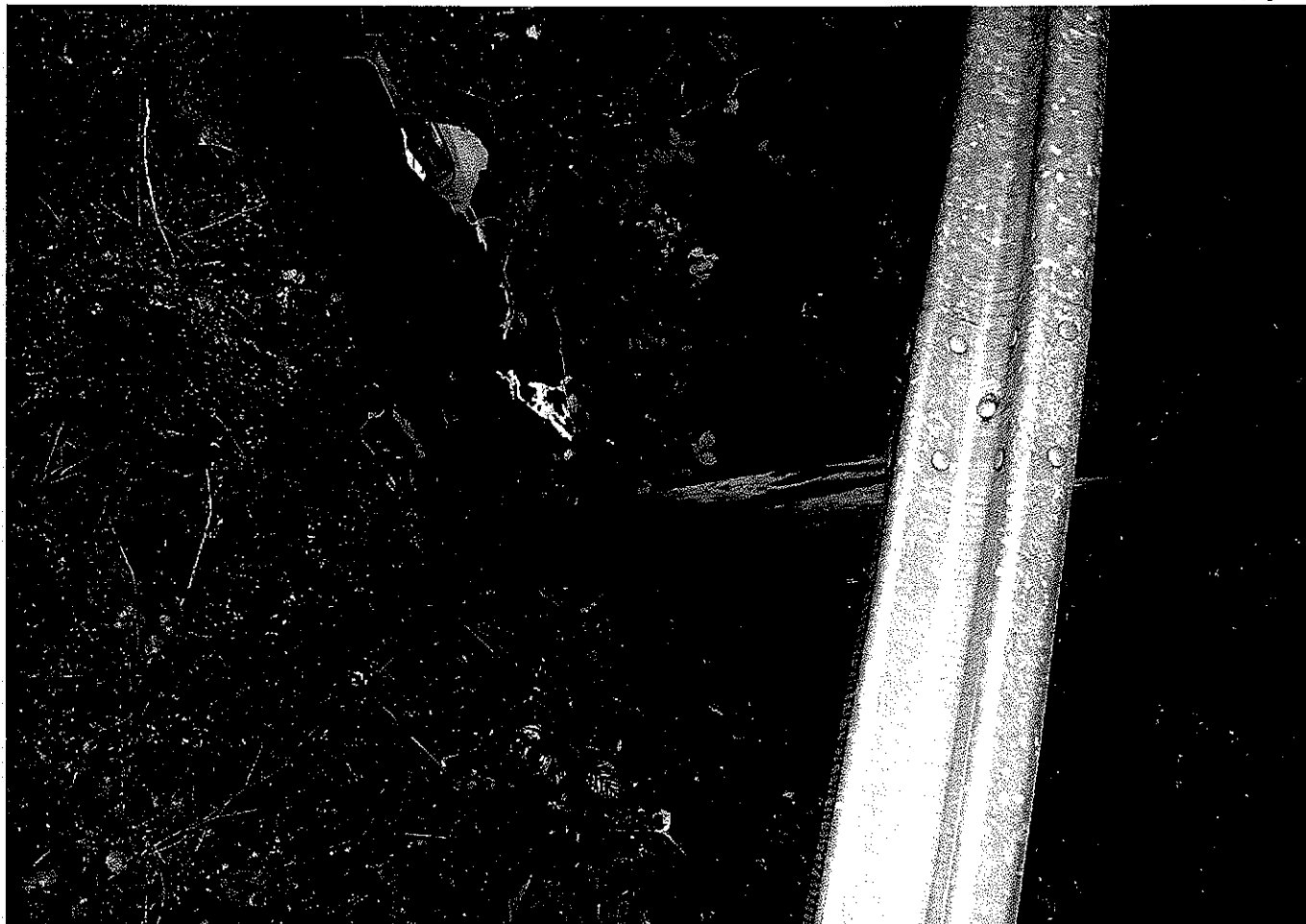
13 2221



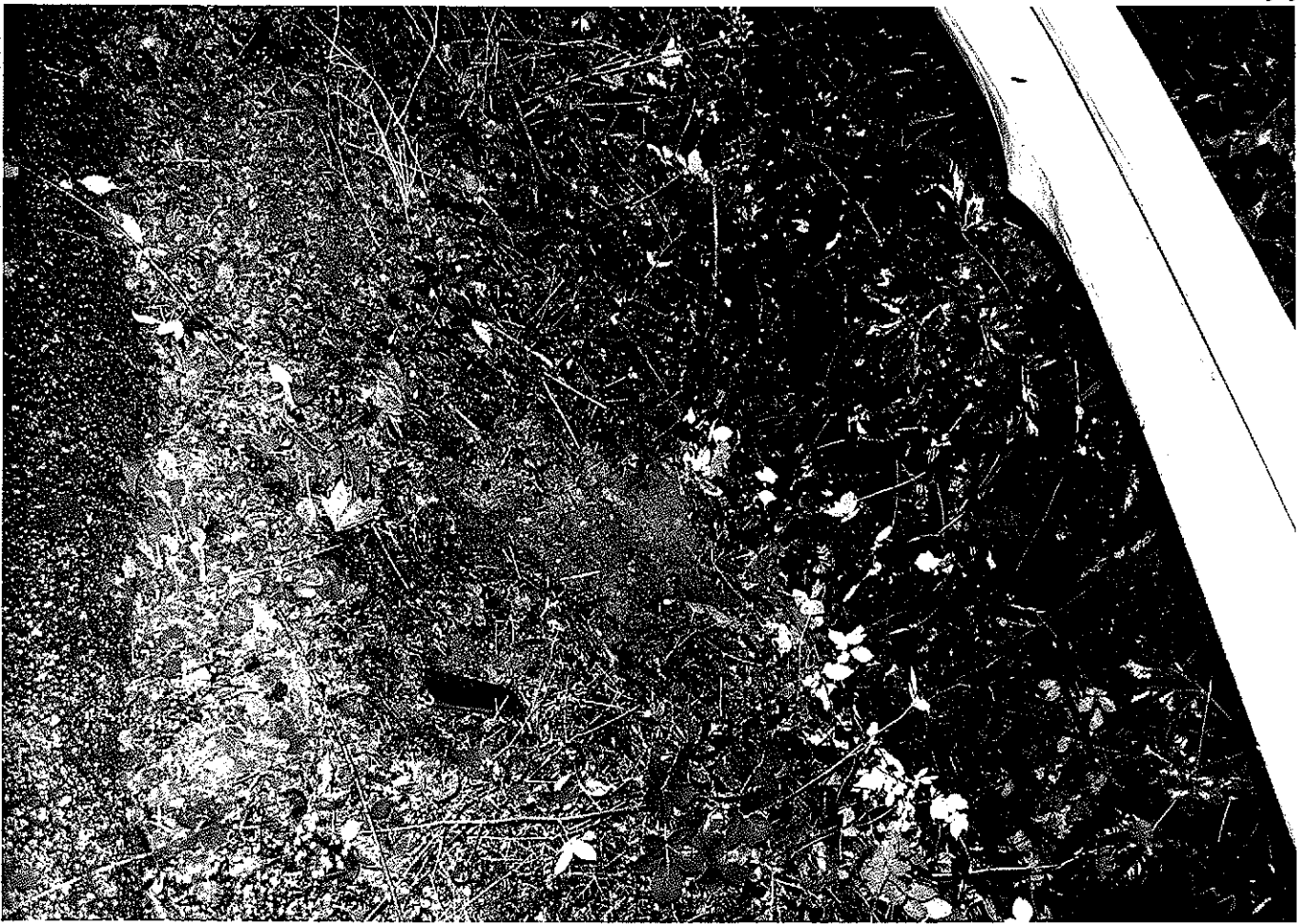
13-2721



13-2221



13-2221



13-7221



13-2221







LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>mines</i>		Case Number <i>13-2221</i>	
Type of Crime: Felony / Misdemeanor (Circle)		Type of Case: <i>Collision</i>		Date/Time: <i>9/5/13</i>	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification			
Item # <i>1</i>	Item <i>CD</i>	Brand Name <i>Staples</i>		Storage Location	Disposition
Action # <i>3</i>	Brand/Model/Caliber <i>Scene Photos from Collision</i>		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name				Address	City State Zip Phone #
Owner Signature/Other remarks /additional information/ special instructions				Barcode goes here	
Item #	Item	Brand Name		Storage Location	Disposition
Action #	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name				Address	City State Zip Phone #
Owner Signature/Other remarks /additional information/ special instructions				Barcode goes here	
Item #	Item	Brand Name		Storage Location	Disposition
Action #	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name				Address	City State Zip Phone #
Owner Signature/Other remarks /additional information/ special instructions				Barcode goes here	
Item #	Item	Brand Name		Storage Location	Disposition
Action #	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name				Address	City State Zip Phone #
Owner Signature/Other remarks /additional information/ special instructions				Barcode goes here	
Item #	Item	Brand Name		Storage Location	Disposition
Action #	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name				Address	City State Zip Phone #
Owner Signature/Other remarks /additional information/ special instructions				Barcode goes here	

Evidence Control Use Only:

Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING:
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File

Incident History for: #SS13019905 Xref: #SS13019908

Case Numbers: \$SS13002221

Entered 09/05/13 22:40:00 BY SPCT06 SP0294

Dispatched 09/05/13 23:09:36 BY SS1913 SS95

Enroute 09/05/13 23:22:46

Onscene 09/05/13 23:22:46

Closed 09/05/13 23:54:13

Initial Type: ACC Initial Alarm Level: Final Alarm Level:

Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 3 Dispo: H

Police BLK: SS001 Fire BLK: AG1719 Map Page: 377F-4 Group: SS1 Beat: NORT

Src: T

Loc: CALLOW RD/OAK RD , LKS (V)

Loc Info:

Name: ALLISON, JENINE Addr: 3216 DENSMORE RD, MAR Phone: 4253082217

/2240 (SP0294) ENTRY , PH, COLD, 16YO SON RAN VEH INTO DITCH AND DAMAG
ED A GUARDRAIL , NON INJ, SON BACK HOME, VEH STI
LL IN DITCH

/2240 (SP0367) VIEWED

/2309 (SS95) *DISP SS1913 #SS95 MINER, SGT (ROBERT)

/2313 \$PREMPT SS1913

/2321 *DISP SS1913 #SS95 MINER, SGT (ROBERT)

/2322 *ONSCNE SS1913

/2341 REMINQ SS1913 MDTVEH, 539YSH, , WA, , , , , , , , , ,

/2344 (SP0288) ASNCAS SS1913 \$SS13002221

/2347 (SS95) REMINQ SS1913 MDTWANT, BOWMAN, BRYCE, A, 092696, , , WA, , , , , , , , , ,

/2354 (SP0288) CLEAR SS1913 D/H

/2354 CLOSE SS1913

/2357 \$CROSS #SS13019908

/2357 DUP #SS13019908

, PER OFFICER

/2357 DUP NAM: SCHMIDT, JIM

PHO: 4255016886